

(d) whether the Government propose to set up any effective regulatory mechanism to deal with this problem;

(e) if so, the details thereof;

(f) if not, whether the Government propose to set up any expert panel/Task Force to assess or review the present system in various States;

(g) if so, the details thereof;

(h) if not, whether the Government propose to amend the existing provision of Food and Adulteration Act, 1954: and

(i) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) According to the available information from the State/UT Governments, the overall extent of adulteration in various food stuffs has been found to range between 8 and 11 percent during the last five years i.e. 1993 to 1997. The recent tragedy in Delhi due to consumption of adulterated mustard oil is an unusual case, which has been brought under control by strict enforcement of the provisions of the Prevention of Food Adulteration Act, 1954 and allied quality control measures.

(b) and (c) Consumer awareness is an ongoing activity under the Prevention of Food Adulteration Programme. Under the provisions of Section 3 of the PFA Act, 1954 the Government has provided for representation of five members to represent the consumer interest in the Central Committee for Food Standards (CCFS), a statutory committee to advise the Central and State Governments for the administration and implementation of the Act. Provision has also been made under the Act to enable the purchasers or recognised Consumer Associations to lift samples of food, get them analysed and launch prosecution in case the sample is found to be adulterated. Regular training programmes are organised to train the representatives of consumer organisations on various aspects of the Prevention of Food Adulteration Programme. Literature on Consumer awareness is also distributed free of cost in Exhibitions, Seminars etc. A kit has been developed for Spot Test of Common adulterants in food for distribution among consumer associations.

(d) to (g) The implementation of the PFA Act rests mainly with the State/UT Governments. All the States & UTs have their own mechanism to ensure food quality and safety through their enforcement machinery, which

works under the overall control of State Food (Health) Authority.

To strengthen the enforcement machinery of States/UTs, the Central Government has been providing Central assistance in terms of Lab equipments, buildings and cash grants for strengthening the food testing laboratories and has also been providing regular orientation training programmes to Analysts/Chemists, Food Inspectors, Local (Health) Authorities on various aspects of the PFA programme. There is also a proposal to strengthen the Capacity of Central/State PFA infrastructure and lab facilities with World Bank assistance.

(h) and (i) The provisions of the Prevention of Food Adulteration Act, 1954 and the rules made thereunder are amended from time to time make them more effective and relevant to changing needs. This is an ongoing process. Suggestions received from various sources including industry and consumer organisation areas are processed taking into consideration the concerns of the various stakeholders and the objectives of the Act.

Extortion of Money from Businessmen

*336. SHRI NARESH PUGLIA:
DR. RAVI MALLU:

Will the Minister of HOME AFFAIRS be pleased to state:

(a) whether the incidents of extortion of money from businessmen have been increasing in Delhi;

(b) if so, the details of such cases which came to the notice of the Delhi Police during the last one year;

(c) whether the Union Government have studied the successful operation of anti-extortion cell of Mumbai;

(d) if so, whether the Union Government propose to set up a similar type of anti-extortion cell in Delhi to deal with such cases; and

(e) if so, the details thereof and the extent to which the cases of extortion are likely to be checked?

THE MINISTER OF HOME AFFAIRS (SHRI L.K. ADVANI): (a) and (b) The number of cases of kidnapping for ransom registered by the Delhi Police during the current year (upto the 15th December, 1998) was 23 as against 17 such cases registered during the preceding

year. Out of 23 persons kidnapped in these cases during the current year, 17 victims were recovered and 50 persons involved in these cases were arrested.

In addition, Delhi Police registered 20 cases during the current year (upto the 15th December, 1998) in which victims had been allegedly threatened of dire consequences if they did not pay the money demanded from them.

(c) Yes, Sir. Delhi Police recently deputed a senior officer to study the functioning of Anti-Extortion Cells set up by Mumbai Police.

(d) and (e) Delhi Police have recently set up an Anti-Extortion Cell under the Crime Branch to effectively handle the cases of extortion of money. This is expected to help in particular the investigation of those extortion cases in which the victims hesitate to lodge formal complaint against the culprits.

[Translation]

Hospitals in Rural Areas

*337. SHRI MADAN PRASAD JAISWAL:
SHRI HARIBHAI CHAUDHARY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of hospitals functioning at present in rural areas in the country, State-wise;

(b) the main criteria for upgrading the primary health centres to rural hospitals in the country;

(c) whether these hospitals are sufficient to meet the requirement of local population;

(d) if not, whether the Government propose to increase the number of hospitals and provide more medical facilities to the people living in the rural areas of the country; and

(e) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) Primary Health Centres and Community Health Centres, for providing health services to the rural population, are opened and developed by the respective State Governments with State Plan funds. According to norms, laid down by Government of India,

a Primary Health Centre caters to a population of 30,000 and a Community Health Centre to a population of 1,20,000. The norms are liberalized for hilly and tribal areas. A State wise list of Primary Health Centres and Community Health Centres is given in the enclosed statement.

(c) Yes, Sir. If fully provided with infrastructure, staff and medical consumables, the Primary Health Centres and Community Health Centres are reasonably sufficient to provide the needed medical facilities to designated population.

(d) and (e) It is for the concerned State Governments to consider further expansion for Primary Health Centres and Community Health Centres.

Statement

Total number of Primary Health Centres and Community Health Centres functioning in the country as on 31.12.1997.

Sl. No.	State/UT	PHCs	CHCs
1	2	3	4
1.	Andhra Pradesh	1335	207
2.	Arunachal Pradesh	47	9
3.	Assam	619	105
4.	Bihar	2209	148
5.	Goa	18	5
6.	Gujarat	960	186
7.	Haryana	398	64
8.	Himachal Pradesh	315	55
9.	J&K	337	45
10.	Karnataka	1601	242